



Health Promotion Workbook: Initial Session



Today's Date ____/____/____

PART 1:
IDENTIFYING FUTURE GOALS

**This workbook session is intended to assist you with attending your upcoming treatment appointment for
____ Depression and Substance Misuse ____.**

We will start by talking about some of your future goals. By that we mean, how would you like your life to improve and be different in the future? It is often important to think about future goals when thinking about making changes in health habits.

What are some of your goals for the next three months to a year regarding your physical and emotional health?

What are some of your goals for the next three months to one year regarding activities and hobbies?

What are some of your goals for the next three months to a year regarding your relationships and social life?

What are some of your goals in the next three months to a year regarding your financial situation or other parts of your life?

PART 2: SUMMARY OF HEALTH HABITS AND CONSEQUENCES

Let's review some of information about your health, behavior, or health habits.

You have recently indicated that you currently drink _____ drinks per week and had _____ binges in the last 3 months.

and/or

You have recently indicated that you currently use the following drugs: _____, _____.

PART 3: CONSEQUENCES OF SUBSTANCE MISUSE

Considering your substance use pattern it may be helpful to understand some of the negative effects of substance misuse.

Types/Patterns	National Average	Consequences
Abstainers and light drinkers □ drink no alcohol or less than three drinks per month	55%	• alcohol use does not affect health or result in negative consequences
Moderate drinkers □ drink three or fewer times per week □ drink one to two standard drinks per occasion	30%	• alcohol use does not affect health or result in negative consequences • at times moderate drinkers consume NO alcohol, such as before driving, while operating machinery, and so on.
At-risk drinkers □ drink over 14 standard drinks per week below age 65, or over 7 standard drinks per week over age 65	10%	• at risk for negative health and social consequences
Alcohol Abuse/Dependence □ <i>heavy drinking has led to a physical need for alcohol and to other problems</i>	5%	• <i>at risk for severe negative health and social consequences</i>

Main Negative Outcome of Substance Misuse	<ul style="list-style-type: none">□ <i>Higher Risk of Developing</i><ul style="list-style-type: none">□ <i>Diseases</i>□ <i>Cognitive Impairment/Memory Loss</i>□ <i>Impairs Medical/Medication Treatment</i>□ <i>While Driving can cause Fatal Car Accidents for the driver, passengers, individuals in other vehicles, and pedestrians</i>□ <i>Emotional Imbalance</i>□ <i>Legal Problems</i>
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PART 4: CONSEQUENCES OF Depression/Substance Use

Now let's talk about some of your own experiences with depression and substance use.

Depression and Substance Use can affect your *physical health, emotional/social well being, and relationships*.

Can you indicate some negative effects that you personally have experienced through your depression?

<input type="checkbox"/> Difficulty coping with stressful situations	<input type="checkbox"/> Sleep problems	<input type="checkbox"/> Accidents/falls
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Memory problems or confusion	<input type="checkbox"/> Relationship problems
<input type="checkbox"/> Loss of independence	<input type="checkbox"/> Malnutrition	<input type="checkbox"/> Increased risk of assault
<input type="checkbox"/> Problems in community activities	<input type="checkbox"/> Reduced effectiveness of medications	<input type="checkbox"/> Financial problems
<input type="checkbox"/> Health Problems	<input type="checkbox"/> Increased side effects from medication	<input type="checkbox"/> Stomach pain
<input type="checkbox"/> Sexual performance problems	<input type="checkbox"/> Social Problems	<input type="checkbox"/> Other (Please List)
<input type="checkbox"/> Legal		<input type="checkbox"/> _____
		<input type="checkbox"/> _____
		<input type="checkbox"/> _____

What are the top three negative effects of depression?

1. _____
2. _____
3. _____

Now, can you indicate some negative effects that you personally have experienced through your substance misuse?

<input type="checkbox"/> Difficulty coping with stressful situations	<input type="checkbox"/> Sleep problems	<input type="checkbox"/> Accidents/falls
<input type="checkbox"/> Depression	<input type="checkbox"/> Memory problems or confusion	<input type="checkbox"/> Relationship problems
<input type="checkbox"/> Loss of independence	<input type="checkbox"/> Malnutrition	<input type="checkbox"/> Increased risk of assault
<input type="checkbox"/> Problems in community activities	<input type="checkbox"/> Reduced effectiveness of medications	<input type="checkbox"/> Financial problems
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Increased side effects from medication	<input type="checkbox"/> Stomach pain
<input type="checkbox"/> Sexual performance problems	<input type="checkbox"/> Liver Problems	<input type="checkbox"/> Other (Please List)
<input type="checkbox"/> Legal		<input type="checkbox"/> _____
		<input type="checkbox"/> _____
		<input type="checkbox"/> _____

What are the top three negative effects of substance misuse?

4. _____
5. _____
6. _____

PART 5: BENEFITS OF Reducing and Controlling Depression and Substance Use

Now let's talk about some of your own speculations of the benefits reducing and/or being free of your depression and/or substance use. Controlling you depression and substance use can positively affect your *physical health, emotional and social well being, and relationships.*

Can you indicate some positive effects that you personally think could happen as a result of controlling your depression?

<input type="checkbox"/> Happiness	<input type="checkbox"/> Relaxation	<input type="checkbox"/> More Comfortable
<input type="checkbox"/> Easy to deal with Problems	<input type="checkbox"/> Increased confidence	<input type="checkbox"/> Take better care of self
<input type="checkbox"/> Increase Productivity	<input type="checkbox"/> Lowered stress	<input type="checkbox"/> Physically feel better
<input type="checkbox"/> Enjoy life more	<input type="checkbox"/> Ease in speaking one's mind	<input type="checkbox"/> Mentally feel better
<input type="checkbox"/> Social ease	<input type="checkbox"/> Better Problem Solving	<input type="checkbox"/> Sleep Better
<input type="checkbox"/> Safer	<input type="checkbox"/> Exercise and Eat better	<input type="checkbox"/> Avoid Legal Problems
<input type="checkbox"/> Feel in Control	<input type="checkbox"/> Enhanced Sexual Performance	<input type="checkbox"/> Easy to deal with People
<input type="checkbox"/> Better Memory of Events	<input type="checkbox"/> More Energy	<input type="checkbox"/> Other (Please List)
		<input type="checkbox"/> _____
		<input type="checkbox"/> _____

What are the top three positive effects of controlling your depression?

1. _____
2. _____
3. _____

Can you indicate some positive effects that you personally have experienced or think could happen as a result of abstaining/controlling your substance misuse?

<input type="checkbox"/> Happiness	<input type="checkbox"/> Relaxation	<input type="checkbox"/> More Comfortable
<input type="checkbox"/> Easy to deal with Problems	<input type="checkbox"/> Increased confidence	<input type="checkbox"/> Take better care of self
<input type="checkbox"/> Increase Productivity	<input type="checkbox"/> Lowered stress	<input type="checkbox"/> Physically feel better
<input type="checkbox"/> Enjoy life more	<input type="checkbox"/> Ease in speaking one's mind	<input type="checkbox"/> Mentally feel better
<input type="checkbox"/> Social ease	<input type="checkbox"/> Better Problem Solving	<input type="checkbox"/> Sleep Better
<input type="checkbox"/> Safer	<input type="checkbox"/> Exercise and Eat better	<input type="checkbox"/> Avoid Legal Problems
<input type="checkbox"/> Feel in Control	<input type="checkbox"/> Enhanced Sexual Performance	<input type="checkbox"/> Easy to deal with People
<input type="checkbox"/> Better Memory of Events	<input type="checkbox"/> More Energy	<input type="checkbox"/> Other (Please List)
		<input type="checkbox"/> _____
		<input type="checkbox"/> _____

What are the top three positive effects of refraining from substance misuse?

4. _____
5. _____
6. _____

PART 6: REASONS FOR GETTING TREATMENT

Considering your current mental health and substance behaviors; it is extremely important to take advantage of your upcoming treatment session.

So, now let's talk about some of your own reasons to attend treatment for depression.

Can you indicate some reasons that you personally **have for Attending Treatment?**

<input type="checkbox"/> Religious Reasons	<input type="checkbox"/> Remain Independent	<input type="checkbox"/> Wanting to Be Happier.
<input type="checkbox"/> Job Performance Enhanced	<input type="checkbox"/> Remain Healthy/Mobile	<input type="checkbox"/> Want to learn how to positively change health.
<input type="checkbox"/> Avoid Legal Issues	<input type="checkbox"/> Family Support	<input type="checkbox"/> Other (Please List)
<input type="checkbox"/> Gain Social Confidence	<input type="checkbox"/> Promoting a Healthy Lifestyle	<input type="checkbox"/> _____
<input type="checkbox"/> Gain Self Confidence	<input type="checkbox"/> Respect	<input type="checkbox"/> _____

What are the top three reasons to attend treatment?

1. _____
2. _____
3. _____

Can you indicate some reasons that might make it difficult for you to **Attend Treatment?**

<input type="checkbox"/> Don't Need Treatment	<input type="checkbox"/> Don't know how to Change Behaviors	<input type="checkbox"/> Waiting time in Clinic is too long
<input type="checkbox"/> No need to Change Behaviors	<input type="checkbox"/> Lack of Trust for the Treatment Facility	<input type="checkbox"/> Appointment is at an inconvenient time
<input type="checkbox"/> Not Ready to Change Behaviors	<input type="checkbox"/> Past Treatment was Unsuccessful	<input type="checkbox"/> Have more important physical problems to deal with
<input type="checkbox"/> Don't believe you can Change your Depression/Substance Use	<input type="checkbox"/> Appointment too far away	<input type="checkbox"/> Have more important emotional problems to deal with
<input type="checkbox"/> Transportation Problems	<input type="checkbox"/> Can't Afford Treatment	<input type="checkbox"/> Don't have appropriate health insurance
<input type="checkbox"/> There is no consistent address or phone number where a doctor can reach you.	<input type="checkbox"/> I have caregiving responsibilities	<input type="checkbox"/> Other (Please List)
<input type="checkbox"/> I don't have anyone to support my decision for treatment.	<input type="checkbox"/> I don't have anyone to understand my problems.	<input type="checkbox"/> _____
<input type="checkbox"/> I don't want my family/friends or anyone else to think I have a problem.	<input type="checkbox"/> I am the only person with an income in the house so work is more important	<input type="checkbox"/> _____

What are the top three reasons not to attend treatment?

1. _____
2. _____
3. _____

Let's at least focus on these three and Try to **Problem Solve** to overcome these difficulties.

PART 7: TREATMENT AGREEMENT

The purpose of this step is to ensure that you attend your next treatment session.

When fulfilling this agreement, keep in mind:

- The negative consequences of depression/substance use.
- The benefits of controlling your depression/substance use.
- And the reasons you should attend treatment.

TREATMENT AGREEMENT

Date _____

--I plan to attend my next treatment session on the following day: _____date:_____

-----at the following time-----and the following location-----.

Patient signature ____ (verbal agreement from _____) _____

Clinician signature _____



PART 8: **VISIT SUMMARY**

We've covered a great deal of information today. Changing your behavior to live a healthier life can be a difficult challenge. Therefore, utilizing more support and assistance from a health professional will help you live a more healthy and satisfying life. The following pointers may help you stick with your agreement, especially during the first few weeks when it is most difficult. Remember that you are trying to control your depression, and that it can be hard work without some help. It becomes easier with time and some professional/caring advice.

- ❑ Read this workbook frequently.
- ❑ Remember the negative effects of depression/substance use that you mentioned.
- ❑ Remember the benefits of controlling your depression/substance use that you mentioned.
- ❑ Remember the reasons for attending treatment that you mentioned.
- ❑ Some people have hard days where they may give up hope for improvement. If that happens to you, **DON'T GIVE UP**. Just start again the next day and remember that there is professional assistance available to you.
- ❑ You should always feel welcome to call your primary care provider for assistance or in case of an emergency.

THANKS FOR TRYING THIS PROGRAM.

Please keep your workbook handy so you can review them at the next telephone visit .



FYI: STANDARD DRINKS INFORMATION

The drinks shown below, in normal measure, contain roughly the same amount of pure alcohol. You can think of each one as a **standard drink**.



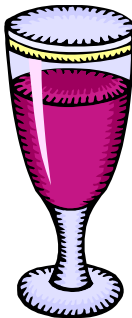
one can of
ordinary
beer or ale

12 oz



one glass of
wine

5 oz



one small
glass of
sherry

4 oz



one small
glass of
liqueur or
aperitif

4 oz



one single
shot of
spirits (gin,
whiskey, vodka)

1.5 oz

